

## **AFTER ACTION REVIEW**

60-Day Re-Integration Drill December 9, 2007

### **1. Identify your roles in responding to this incident**

- Lead facilitator, Timekeepers, Co- facilitators and post-deployment check-in facilitators

### **2. What behavioral health services were provided?**

- Listening to their concerns. The shame they felt was palpable, they thought that going over the same issues three times was not helpful. They felt as if their concerns were not being addressed, because of the mission they did and how it was different from the mission of soldiers who were directly in harms way..
- Education about coping strategies, communication skills, normalization of change
- Small group discussions about resiliency, reentry, coping after deployment.
- Assisted group in identifying coping skills to manage stress of deployment for family.
- Listening ear and compassionate acceptance
- Large group presentation provided education and small group discussions, led by DBHRT facilitators, allowed Soldiers an opportunity to share ideas and personalize material about reintegration
- Brainstorming for more effective pre-deployment services
- Resiliency Quiz, PFA skills, referrals, validation.

### **3. What went right? What worked?**

- The handouts given to team members in advance
- Size (small) and makeup (similar grades) of group.
- The group process provided a forum for lots of thoughts and feelings to get expressed and validated.
- Facilitators had a variety of skills.
- The whole activity was well organized.
- The orientation for DBHRT members from the chaplain was very helpful
- Soldiers; families and leadership were very appreciative of having us there.
- Discussions effectively engaged the groups and brought forth issues that would not otherwise have been addressed.
- The soldiers found it useful to discuss their concerns with their peers, and we did a good job of facilitating that. Participants were hungry for more discussion, and more specific information as to how to handle trauma, and marital problems that develop on re-unification.
- Having 3 DBHRT members per group, so different perceptions could be shared.
- The protocol questions which generated discussion and made it possible for almost every soldier in our group willing to talk.
- The group members engaged with the questions and offered suggestions about healthy and unhealthy coping strategies as well as telling about their jobs in Iraq and since being home
- Gauging their feelings on their return to normal life and work.

- It went smoothly. The room was nice and quiet. The group leader did well and the questions provided were very helpful. The group came up with some very good ideas, and were able to help each other
- Group appreciated being led by someone with first-hand military experience.
- Group became cohesive and involved in validating each other's feelings. ---- Acknowledging their frustrations both in and out of country.
- Splitting family members into two groups, with spouses of Soldiers, the other with parents/siblings
- Family members enjoyed hearing others' similar experiences, responses. Embraced suggestions, made connections that had previously been via e-mail.
- Having specific questions for presenting at the end. Group agreed on what to share, and what not to share.
- Doorkeeper in one group was able to spend some individual time with one group member who needed that attention. DBHRT had the resources to provide the necessary intervention
- Great group of DBHRT members volunteered to be part of drill. I felt that the 3 of us worked well together.
- Soldiers clearly appreciative of our response and I believe more willing to seek additional services as needed. DBHRT developing relationship with National Guard is critical. Glad it's happening
- Writing on the flip-chart paper

#### **4. What may have not worked? What can be improved?**

- The movie that was played prior to breaking into groups caused some resentment since it did not pertain to the functions of the soldiers involved in this session. Some expressed regret that the prison they were at was classified as secret so they couldn't take pictures to help explain to their families what their functions had been. They realized the secret designation was due to the political fall out from Abu Grahb but they felt it was a slap in the face when they were showed pictures of what others had done and experienced.
- The rooms assigned where there was more than one group in a large area was problematic in terms of noise and other distractions (setting up tables)
- Soldiers complain that no one listens to what they want to in these drills.
- Audio, as usual.
- In our small group, people were given the resiliency quiz at the last minute and left without a formal closing.
- Our teams usually do pretty well, considering we haven't met prior to working together. It might be helpful to do some training/ have an exercise to work on team-building skills.
- Co-leader and doorkeeper did not follow their roles as outlined.
- In the group I was in, the group leader did not make use of the material I wrote on the flip chart. I would have been fine with not writing on the chart if she felt it wasn't useful, but that wasn't communicated to me. She didn't appear to want to include either our "doorkeeper" or me in the group.

- The large group sessions received negative feedback. The didactic part was redundant for them.
- At the start, DBHRT folks were all standing at the back--we should have made the move to sit with the troops.
- I think more time in the small groups versus time spent for the large group presentation would have been more beneficial for the soldiers.
- In wrap-up, if facilitators had been able to meet first, collapse their lists across the groups, and create common themes, strategies, etc., the process would have been more efficient and stream-lined to present to the soldiers.
- The group members needed more time to talk. There were eleven in the group. It took some time to transition from the question of what their job was in Iraq (lots of discussion around that) to how they are coping since arriving home.
- A woman came in halfway through, sat down at another table and did not identify herself. I did not notice it much, because the material we were discussing was not too personal, but next time as co-leader I would have found out who she was and identified her role to the group (she was a family support person) and made sure it was ok with them for her to stay.
- Anger level is very high; denial re: stress inability to have any controls in their lives equally high.
- Question if the guys who were urinating in the snow were followed up with re behavior appropriate vs. inappropriate... Connection to behaviors while in Iraq??
- As a doorkeeper, I didn't feel part of a team. This was encouraged by the fact that the facilitator monopolized the group's focus, and did not even introduce us.
- It seemed to me that the facilitator had his own agenda. I would be very surprised to learn that he looked at the protocol or handouts prior to the session.
- I noticed other groups in open areas not sure if that would be a safe place to divulge private feelings.
- Many did not want to talk because they did not know their colleagues very well as they were all from different units. One was disruptive, acting like a class clown. Several of them clearly had PTSD and could have used individual therapy.
- Attach a review of role assignments to preliminary e-mail, review roles "Just in time" prior to action. Some expressed anxiety about not knowing their role until just prior to action.
- Soldiers were broken into groups by rank, which was necessary, but there were subgroups within the groups ie; single mothers, non-married who were experiencing some very different stressors.
- Small group time was too brief. Soldiers were just starting to be able to acknowledge use of healthy and unhealthy coping skills when we had to end. It was important for them to spend some time during introductions to share information regarding their experience. Felt that they needed to do this for DBHRT members to understand their experience and also to reconnect as a group.
- It would be nice to have had more info from the top as to what the Unit had gone through, what services they have already received and are to receive
- A list of services available/quick reference guide would be helpful for soldiers.

**5. Did the DBHRT policies and procedures assist or impede the response and delivery of services?**

- The leadership seemed well prepared.
- I thought having a clear, concise framework for group discussion was effective. It was clear to me that DBHRT has done some very good groundwork to build a relationship with the National Guard.
- It didn't appear that the Family Services liaison at the Guard knew about the role of the doorkeeper in advance. She left the group with one group member – then asked the doorkeeper to talk 1-on-1 with her.
- Discussion sessions were adapted from (but not identical to) CISM procedures, which worked effectively.
- Post-deployment check-in also produced valuable feedback.
- It's nice having structure to fall back on.
- Check in forms worked well, leadership able to see who was present.
- Protocols provide structure so that all DBHRT members are “on the same page”.

**6. What did you learn from your participation in this event?**

- These men and women need more time to attend to getting their lives on track: medical, dental, psych. when they return and should be retained on active duty status until those functions are completed.
- The participants stated that they were overwhelmed when they first returned with the information about resources being offered and most did not retain the information and some had misplaced the handouts. They felt it would be better to present their reintegration material at a latter time.
- Soldiers felt that too much emphasis is being placed on their emotional well being, some need dental work some need to see an MD and they wondered why that couldn't be addressed at a time when they don't have to take off from work.
- Also they felt there were too many wasted drills. One drill they brought family members for some process then were told to make an appointment to get medical ID cards for them and wondered why it couldn't all be done at once.
- What I learned personally was that not much has changed from when I returned from Viet Nam and Desert Storm/ Desert Shield but at least we are trying.
- I really took in the psycho/social/emotional cost to individuals created by this war. Multiply that by thousands.
- That I am comfortable working with members of the NH NG and their families.
- I learned more about the “systems” that create and yet limit opportunities of returning soldiers to address behavioral health issues. I recognized the need for a process that extends beyond our “one shot” opportunity to be with them. Follow-up is critical, although this unit will be disbanded soon. I learned how important the timing of information was to a soldier's reentry – they are bombarded with information immediately after their return, and much of this is lost or useless weeks later when they need it.
- This deepened our understanding of how difficult it is to find the language, the timing, the format (didactic vs. discussion; appropriate framing for the discussion) and the context (a mandatory drill vs. another situation) that is helpful to a

returning soldier. I think this experience will serve us well in future efforts to support the Guard.

- The importance of listening to the needs of the individuals involved and to meet them where they are versus assuming we know what they need more than they do.
- How we can make a difference, even in small ways, like listening. Though the divide between civilian and military is wide, I think DBHRT was able to meet a need by reaching common ground of the small groups and then offering a safe and open exchange of information and support, as well as hearing from the soldiers (officers) about their perspectives of change and feedback.
- I definitely feel more capable and competent in my role as a DBHRT member, very much part of a team. It was truly an honor to work with these troops returning from Iraq and I'm proud of them for their service.
- Finally, it brings the war in Iraq one step closer to me and how I, too, can be part of the solution.
- Each person is different as to his or her coping style and resiliency. Having an opportunity to be heard in the group was helpful to the soldiers. I think more group work would be beneficial. They were starting to "warm up" to the process when it was time to end the group.
- I had a great time and would like to do more of these. It was a good first experience and I have a much better idea of how to do these groups.
- Troops need services that can be accessed on weekends and evenings as they are scrambling to put their civilian lives back together
- Women troopers are treated differently i.e. with less respect than their male counterparts.
- The soldiers are tired of being told they have a problem and do not appreciate being led by people who "don't have a clue" as to what they have experienced, because they have never been soldiers.
- Small groups have more meaning for the soldiers than large assemblies.
- This was my first deployment exercise so I learned first hand of the stresses facing returning troops and their families.
- Increased my knowledge of the soldiers experience, both away and when at home, my own strengths and areas I need to further develop as facilitator.
- The on going sacrifices and issues that families face and the impact of generational deployments.
- That soldiers still feel isolated, that there continues to be a disconnect between services offered and the soldiers knowledge of that availability. One soldier made the statement that this was nice window dressing but that he did not believe that we were really there for them. The system still remains cumbersome and broken. I believe they need more coordinators for services rather than more services.
- I am more impressed each time we meet by the caliber of our team, how incredibly professional competent and generous the members are

